

VOLUNTEER INFORMATION FORM



NAME: _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE: _____ (H) _____ (W) _____ (cell)

E-MAIL: _____

Emergency Contact (please list relationship)

Name and Phone: _____

Languages Spoken: _____

Current Place of Employment (if applicable) _____

Have you a previous awareness of the effects of Alzheimer's disease?

YES NO

If yes, please describe _____

Have you ever worked/volunteered with a person with Alzheimer's disease?

YES NO

If yes, please describe _____

Please list any health concerns or allergies which the program staff would need to know.

PREVIOUS VOLUNTEER EXPERIENCE

NAME OF ORGANIZATION

VOLUNTEER POSITION

DATE

1. _____

2. _____

3. _____

Time of day I am usually available:

Mornings

Afternoons

Evenings

Weekends

Anytime

Comments _____

The best days of the week for me are:

Monday

Tuesday

Wednesday

Thursday

Friday

Any day

Comments _____

The following area(s) are of interest to me:

Door to Door Cold Caller

Volunteer Visitor

Office Assistant

Mall Displays

Door-to-Door Canvasser

Special Events (Walk, Coffee Break)

Board/Committee Member

Coffee Break Balloon Person

REFERENCES:

Please list 3 individuals who would be willing to provide the Alzheimer Society with a reference on your behalf. **It is best if these references are current employers, previous employers or volunteer contacts.** **** *No relatives please.*

NAME

ADDRESS

PHONE

RELATIONSHIP

1. _____

2. _____

3. _____

I give permission to contact the above references regarding my application to volunteer with the Alzheimer Society of Sault Ste. Marie and Algoma District.

Signature

Date